the cellular tissue between the aorta and œsophagus we noticed an ecchymosed and putrescent spot. On opening the aorta opposite this spot we detected at a point about two inches beyond the origin of the left subclavian artery, a dark orifice, a line or two in diameter. On applying a probe to it, we found it passed through the cellular tissue into the œsophagus. He had evidently bled to death from a rupture of the aorta into the œsophagus; and as he had not passed blood enough from either the mouth or by stool to produce a fatal result, it must have accumulated in the stomach and bowels, which were accordingly found to be filled with coagulated blood. The disease may have had its origin in the areolar tissue, and thence invaded the aorta and œsophagus, or an œsophageal ulcer may have given rise to the mischief; or, again, the rupture of a minute aneurism may have occurred at the origin of one of the œsophageal vessels, thus causing the pain felt at the time of the attack, and subsequently the effused blood may have followed the track of the vessel to the œsophagus. This last seems to me the most probable hypothesis, since the whole aorta was clearly in a diseased condition, whereas the areolar tissue and œsophagus appeared healthy.

Oct. 10. *Epidemic Pleuro-Pneumonia.*—Dr. WOODWARD exhibited a portion of healthy cow's lung, and a portion of the diseased lung of a cow killed in the advanced stage of epidemic pleuro-pneumonia. The morbid specimen had been obtained by Dr. J. N. Evans, of Hatborough, Montgomery County, and was brought before the Society by his permission. It presented appearances which closely resembled those of the human lung in the same stage of disease (red hepatization, verging on gray), except that on section it was seen to be intersected by bright yellow reticulations, which marked out irregular polygonal spaces. These were thus explained: The lobules of the cow's lung are quite distinct, and are separated from each other by loose areolar tissue. This interlobular tissue, infiltrated with yellow croupous lymph, constituted the yellow reticulations. In its minute anatomy, each lobule corresponded in all essential conditions with those of the human lung affected by pneumonia. Dr. Woodward mentioned that he had seen in both the healthy and the diseased lung the spores of fungi. These spores, however, could not be regarded as indicative of the etiology of the disease, as he had seen similar spores in the sputa of human patients labouring under various diseases, and in human lungs presenting the most dissimilar pathological conditions. It was not possible, in the present state of knowledge, to determine the species to which these spores belonged.

Dr. J. DARRACH said that he had examined the respiratory organs of a cow which had died at a more advanced period of the disease than the one from which the specimen just exhibited had been taken. The lungs were coloured yellow. The smaller bronchial tubes were filled with fibrinous casts, and the larger ones lined with tubular false membrane as high up as the tracheal bifurcation. The pleura also were coated with exudation. With regard to the fungi spores observed by Dr. Woodward, Dr. Darrach remarked that the growth of fungi in a fluid did not necessarily indicate the presence of sugar. He instanced the growth of the penicillum in urine in which no sugar could be demonstrated; but said that he was diposed to believe that there was a species of fermentation going on in this fluid at the time of the growth of the fungus, connected with the formation of lactic acid. He fully agreed with Dr. Woodward with regard to the difficulty of recognizing the various species of fungi in their spore state.

Dr. KELLER observed that contact with atmospheric air was a necessary condition for the germination of these fungi, and that they were developed on the free surfaces of the smaller bronchial tubes, in the air-cells, or in cavities communicating with the bronchi.

Fibro-Plastic Tumours of the Ear-Lobes.—Dr. STILLÉ presented the specimens, and related the following particulars of the case:—

About four years ago a young lady, fourteen years of age, had her ears bored by a jeweller, who inserted in each orifice a very light gold ring. The wounds were somewhat inflamed, but did not require any special treatment. Within a year afterwards the posterior edge of each orifice began to be surrounded with a slight swelling. The rings were removed, and were not worn again. The swellings gradually increased, and during the last six months more rapidly than before, until they became as large as hazelnuts, and, being somewhat oval in shape, measured about three-quarters of an inch in their long diameter. They were attached to the lobes by necks of a quarter of an inch in thickness, and at the point of attachment the skin covering them was puckered. On the right side a small tumour, about the size of a coriander-seed, projected from the anterior face of the lobe. The larger tumours were covered with skin of a natural texture, but somewhat livid in colour. They were elastic to the touch, not painful, and but slightly sensitive when handled.

The tumours were removed by Drs. Hartshorne and Hewson, by making an incision around their pedicle, and traversing the lobe. On one of them being incised, the cut surface was found to be smooth and shining, of a pale pinkish colour, and fibrous bands were visible, diverging from its point of attachment to the circumference. The mass of the tumour was formed by an opaque elastic substance of an albuminous appearance.

Tumours like these have been described by Mr. Paget, who refers to several examples of them observed by himself, by Bruch, Venzetta, and Messrs. Holberton and Barrow.[1] Mr. Wilde has also reported a case of the sort,[2] and two are furnished by Mr. Hilton.[3] Dr. Gross states that he has met with four cases of the affection, all of them occurring in female negroes.[4] Dr. Norris has referred to four cases, three of which occurred in his own practice, and one of which he has figured.[5] In these cases, also, the patients were negresses. Besides these, I am not aware that the tumours in question have been treated of by any writers, either on pathological anatomy or diseases of the ear, with the exception of Portal, who speaks of the remarkable thickness of the lobe in some females who wear very heavy ear-rings;[6] and Elsaesser, who, writing in 1828, states that eighteen years before he had seen an encysted tumour as large as a walnut on the under surface of the ear-lobe of a scrofulous child ten years old, which was occasioned by boring the ear.[7]

I am told that one or two other cases have occurred in this city, but have not learned the particulars of them.

Dr. GROSS said that these cicatricial tumours of the ear-lobes bore a close resemblance to keloid tumours. He regarded them as belonging to the class of simple recurrent fibroid tumours. They are always, he said, the result of an injury, and their tendency is always to return.

---

[1] Surgical Pathology, Am. ed., p. 408.

[2] Toynbee, On the Ear, p. 23.

[3] Lancet, March, 1860, p. 294.

[4] Surgery, ii. 431.

[5] Trans. of Coll. of Physicians, July, 1850, p. 93.

[6] Anat. Med., iv. 451.

[7] Hufeland's Journ., lxvii. 99.